. No. 2
—9-4-41
5-17-39

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 3168

FILED FEB 11 1943

Registration District No. 290 Primary Registration District No. 4431 Registrar's No. 13

85 0 0

1. PLACE OF DEATH:
(a) County Pulaski
(b) City or town Dixon
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days) In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Pulaski 0
(c) City or town Dixon 0
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

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3. (a) PRINT FULL NAME Clarence Rudolph Ellis
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married 1
6. (b) Name of husband or wife Dora Ellis
6. (c) Age of husband or wife if alive 75 years
7. Birth date of deceased 5 (Month) 21 (Day) 1856 (Year)

8. AGE: Years 86 Months 7 Days 22 If less than one day hr. min.

9. Birthplace North Madison, Indiana 1
(City, town, or county) (State or foreign country)
10. Usual occupation Retired
11. Industry or business

FATHER
12. Name Henry Ellis
13. Birthplace New York, N. Y. 1
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Elizabeth Broderick
15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Henry Ellis
(b) Address Dixon, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1 (Month) 14 (Day) 1943 (Year)
(c) Place: burial or cremation Dixon Cemetery
18. (a) Signature of funeral director Fred H. Gilbert
(b) Address Dixon, Missouri
19. (a) 1-16-1943 (Date received local registrar) (b) Chas. M. Dodd (Registrar's signature)

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MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 13 year 43 hour 7 minute 30 A.M.
21. I hereby certify that I attended the deceased from Dec. 15 1942 to Jan. 13 1943 that I last saw him alive on January 13 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Cardio Renal Disease (Chronic) Duration
Due to Chronic Valvulitis
Due to Arteriosclerosis
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury

23. Signature Dr. K. W. Milligan (M.D. or other) D.O.
Address Dixon, Mo. Date signed 1-15-43

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
Pulaski County Health Officer
File Number 2-43-14
Date Filed 2-9-43

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by Jan - 13 - 43, Registered Apprentice No. ~~2361~~ working under my personal supervision.

Signed Fred D Gilliam

Licensed Embalmer No. 2361

P. O. Address Dixon Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.